In re	Kevin M Kierans Laurie K Kierans	According to the information required to be entered on this statement					
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):					
Case Number: (If known)		☐ The presumption arises.					
		■ The presumption does not arise.					
		$\square$ The presumption is temporarily inapplicable.					

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS						
1 <b>A</b>	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.						
	□ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).						
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Pa						
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.						
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armer Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.						
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard						
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;						
	OR						
	<ul> <li>b. □ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>□ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>						

		Part II. CALCULATION OF M	ON	THLY INCO	ME I	FOR § 707(b)(7	7) E	EXCLUSION		
	Mari	tal/filing status. Check the box that applies a	nd c	complete the balance	e of t	his part of this state	men	t as directed.		
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.									
	b. <b></b>	Married, not filing jointly, with declaration	of se	eparate households.	Вус	hecking this box, de	ebto	r declares under	pena	alty of perjury:
		'My spouse and I are legally separated under								
2		ourpose of evading the requirements of § 707 Cor Lines 3-11.	(b)(2	2)(A) of the Bankru	iptcy	Code." Complete o	nly	column A ("Del	btor	's Income'')
	<ul> <li>c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2. ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</li> <li>d. ■ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Debtor's Income")</li> </ul>						abo	ove. Complete b	oth	Column A
						Spo	use's Income'')	for l	Lines 3-11.	
	All figures must reflect average monthly income received from all sources, derived during the six					Column A		Column B		
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.						Debtor's		Spouse's	
							Income		Income	
3							ď		ď	
3		s wages, salary, tips, bonuses, overtime, cor ne from the operation of a business, profess			Lina	h from Line e and	\$	1,000.00	\$	1,652.00
		the difference in the appropriate column(s) of								
		ess, profession or farm, enter aggregate numb								
		nter a number less than zero. Do not include								
4	Line	b as a deduction in Part V.								
		T	ļ.,	Debtor		Spouse				
	a.	Gross receipts	\$	0.00		0.00				
	b.	Ordinary and necessary business expenses	\$	btract Line b from 1		0.00	\$	0.00	¢.	0.00
	c.	Business income					Ф	0.00	Ф	0.00
		s and other real property income. Subtract propriate column(s) of Line 5. Do not enter								
		of the operating expenses entered on Line b				not include any				
5	purt	of the operating expenses entered on Line is		Debtor	1	Spouse				
-	a.	Gross receipts	\$	0.00	\$	0.00				
	b.	Ordinary and necessary operating expenses	_	0.00	_	0.00				
	c.	Rent and other real property income		btract Line b from l	Line a	a	\$	0.00	\$	0.00
6	Inter	est, dividends, and royalties.					\$	0.00	\$	0.00
7	Pensi	on and retirement income.					\$	0.00	\$	0.00
		amounts paid by another person or entity, o								
8		nses of the debtor or the debtor's dependent								
0	<b>purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your									
	spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					only one column,	\$	0.00	\$	0.00
	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9.									
	Howe	ever, if you contend that unemployment comp	ensa	ation received by yo	ou or	your spouse was a				
9	benefit under the Social Security Act, do not list the amount of such compensation in Column A									
	or B,	but instead state the amount in the space belo	w:	1						
		nployment compensation claimed to benefit under the Social Security Act	r ¢	<b>0.00</b> Spo	311CA (	0.00			_	
	be a	benefit under the Social Security Act Debto	ιφ	<b>0.00</b> Spo	Juse .	<b>0.00</b>	\$	0.00	\$	0.00
		ne from all other sources. Specify source and								
	on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate									
		tenance. Do not include any benefits received								
		yed as a victim of a war crime, crime against h								
10		stic terrorism.		<u> </u>						
				Debtor		Spouse				
	a.		\$		\$					
	b.		\$		\$					
	Total and enter on Line 10			\$	0.00	\$	0.00			
11		otal of Current Monthly Income for § 707(l					Ф	1 000 00	¢	1 652 00
	Colur	nn B is completed, add Lines 3 through 10 in	Co.	uinn B. Enter the t	total(	S).	\$	1,000.00	Φ	1,652.00

Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	31,824.00
Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)		
a. Enter debtor's state of residence: WA b. Enter debtor's household size: 2	\$	63,873.00
top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.		ot arise" at the
a A	This information is available by family size at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  L. Enter debtor's state of residence: <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  L. Enter debtor's state of residence: <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  Deplication of Section 707(b)(7). Check the applicable box and proceed as directed.  The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.	This information is available by family size at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  a. Enter debtor's state of residence:  WA  b. Enter debtor's household size:  2  pplication of Section 707(b)(7). Check the applicable box and proceed as directed.  The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not be a significant or the amount on Line 14. Check the box for "The presumption does not be a significant or the amount on Line 14. Check the box for "The presumption does not be a significant or the amount on Line 14. Check the box for "The presumption does not be a significant or the amount on Line 14. Check the box for "The presumption does not be a significant or the amount on Line 14. Check the box for "The presumption does not be a significant or the amount on Line 14. Check the box for "The presumption does not be a significant or the amount on Line 14. Check the box for "The presumption does not be a significant or the amount on Line 14. Check the box for "The presumption does not be a significant or the amount or Line 14. Check the box for "The presumption does not be a significant or the amount or Line 14. Check the box for "The presumption does not be a significant or the amount or Line 14. Check the box for "The presumption does not be a significant or the amount or Line 14. Check the box for "The presumption does not be a significant or the amount or Line 14. Check the box for "The presumption does not be a significant or the amount or Line 14. Check the box for "The presumption does not be a significant or the line 14. Check the box for "The presumption does not be a significant or the line 14. Check the box for "The presumption does not be a significant or the line 14. Check the box for "The presumption does not be a significant or the line 14. Check t

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Complete 1 arts 14, 4, 41, and 411 of this statement only if required. (See Line 13.)						
	Part IV. CALCULATION	OF CURRENT MONTHLY INCOME	FOR § 707(b)(2)			
16	Enter the amount from Line 12.					
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.    a.					
18		Subtract Line 17 from Line 16 and enter the result.	\$			
	Part V. CALCU	LATION OF DEDUCTIONS FROM INC	COME			
	Subpart A: Deduction	s under Standards of the Internal Revenue So	ervice (IRS)			
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					
19B	National Standards: health care. Enter in Out-of-Pocket Health Care for persons und Out-of-Pocket Health Care for persons 65 years of age, and enter in older. (The applicable number of persons in be allowed as exemptions on your federal in you support.) Multiply Line a1 by Line b1 Line c1. Multiply Line a2 by Line b2 to ob c2. Add Lines c1 and c2 to obtain a total health of the care of the care of age a1. Allowance per person	umber of persons 5 years of age or t would currently lependents whom ter the result in				
	b1. Number of persons	<ul><li>a2. Allowance per person</li><li>b2. Number of persons</li></ul>				
	c1. Subtotal	c2. Subtotal	\$			
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					

20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.  a. IRS Housing and Utilities Standards; mortgage/rental expense \$ b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42					
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	<b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:					
22A	Local Standards: transportation; vehicle operation/public transportation expense.  You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.  Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.  □ 0 □ 1 □ 2 or more.  If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
22B	<b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)					
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1					
		Subtract Line b from Line a.	\$			
24	the result in Line 24. <b>Do not enter an amount less than zero.</b>					
	<ul> <li>a. IRS Transportation Standards, Ownership Costs</li> <li>b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</li> <li>c. Net ownership/lease expense for Vehicle 2</li> </ul>	\$ Subtract Line b from Line a.	\$			
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					

26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such a Do not include discretionary amounts, such as volunta	s retirement contributions, union dues, and uniform costs.	\$		
27	Other Necessary Expenses: life insurance. Enter total a life insurance for yourself. Do not include premiums fo any other form of insurance.	\$			
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pre-		\$		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.				
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Expenses Allowed under IRS Standards. Enter t	the total of Lines 19 through 32.	\$		
	Note: Do not include any experimental Health Insurance, Disability Insurance, and Health Sa the categories set out in lines a-c below that are reasonable dependents.				
34	a. Health Insurance	\$			
!	b. Disability Insurance	\$			
	c. Health Savings Account	\$	\$		
	Total and enter on Line 34.				
	If you do not actually expend this total amount, state y below:  \$				
35	Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of expenses.	\$			
36	<b>Protection against family violence.</b> Enter the total avera actually incurred to maintain the safety of your family un other applicable federal law. The nature of these expenses	\$			
37	Home energy costs. Enter the total average monthly ame Standards for Housing and Utilities, that you actually exp trustee with documentation of your actual expenses, and claimed is reasonable and necessary.	pend for home energy costs. You must provide your case	\$		
38	Education expenses for dependent children less than 1 actually incur, not to exceed \$147.92* per child, for atten school by your dependent children less than 18 years of a documentation of your actual expenses, and you must necessary and not already accounted for in the IRS States.	dance at a private or public elementary or secondary age. You must provide your case trustee with explain why the amount claimed is reasonable and	\$		
	necessary and not arready accounted for in the 11th Standards.				

 $<sup>^*</sup>$  Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40			Enter the amount that you will conting panization as defined in 26 U.S.C. § 1		he form of cash or	\$	
41	Total	Additional Expense Deductions	s under § 707(b). Enter the total of L	ines 34 through 40		\$	
		Sı	ubpart C: Deductions for De	bt Payment			
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt		Does payment include taxes or insurance?		
	a.			\$	□yes □no		
				Total: Add Line		\$	
43	Othe motor your paym sums the fo	\$					
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.						
			If you are eligible to file a case under the amount in line b, and enter the res				
45	a. Projected average monthly Chapter 13 plan payment.  b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  c. Average monthly administrative expense of Chapter 13 case  Total: Multiply Lines a and b				\$		
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.					\$	
	Subpart D: Total Deductions from Income						
47	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.						
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))					\$	
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					\$	
50	Mon	thly disposable income under § 7	707(b)(2). Subtract Line 49 from Line	48 and enter the re	sult.	\$	
51	60-m	\$					

	Initial presumption determination. Check the applicable box and proceed as directed.					
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
32	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.					
	☐ The amount on Line 51 is at least \$7,025*, but not more that	n \$11,725*. Complete the remainder of Part VI	(Lines 53 through 55).			
53	Enter the amount of your total non-priority unsecured debt		\$			
54	Threshold debt payment amount. Multiply the amount in Line 5	3 by the number 0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable bo	x and proceed as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 54. of this statement, and complete the verification in Part VIII.	Check the box for "The presumption does not a	rise" at the top of page 1			
33	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	Part VII. ADDITIONAL	EXPENSE CLAIMS				
56	Other Expenses. List and describe any monthly expenses, not oth you and your family and that you contend should be an additional 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separ each item. Total the expenses.	deduction from your current monthly income us	nder §			
	Expense Description	Monthly Amo	ount			
	a.	\$				
	b.	\$				
	c.	\$				
	d. Total: Add Lines a,	b, c, and d \$				
	Part VIII. VER	IFICATION				
	I declare under penalty of perjury that the information provided in <i>must sign.</i> )  Date: <b>July 31, 2012</b>	this statement is true and correct. (If this is a joint Signature: /s/ Kevin M Kierans	oint case, both debtors			
		Kevin M Kierans				
57		(Debtor)				
	Date: July 31, 2012	Signature /s/ Laurie K Kierans				
		Laurie K Kierans	•			
		(Joint Debtor, if	anvi			

<sup>\*</sup> Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.